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| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Patent Number | 6,797,475 |
| | Issue Date | September 28, 2004 |
| | First Named Inventor | Glenn BARNES |
| | Title | DETECTION OF POLYMORPHISMS IN THE HUMAN 5-LIPOXYGENASE GENE |
| | Art Unit | 1637 |
| | Examiner Name | C. B. Wilder |
| | Attorney Docket No. | 117742-02101 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 86738

OR

☐ Practitioner(s) named below:

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
| | | | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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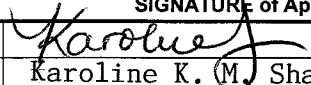
I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|-----------------|
| Signature |  | Date | August 10, 2009 |
| Name | Karoline K. (M.) Shair | Telephone | 617-444-3227 |
| Title and Company | Senior Patent Counsel, Millennium Pharmaceuticals, Inc. | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper related to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with §1.6(a)(4).

Dated: September 2, 2009

Signature: /MBC/
(Marcie B. Clarke, Ph.D.)